

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

09/964/90

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		minus 20=	
INDEPENDENT CLAIMS		minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE		OR BASIC FEE	
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL		OR TOTAL	

72/11/05 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	* 20	Minus	** 20	= 0
Independent	* 17	Minus	*** 6	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 25=		OR X\$50=	0
X100=		OR X200=	0
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	0

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	

WFEE
2/2

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. FIS920010104JUS1 (14581)		
Applicant(s): Casimer M. DeCusatis, et al.	Application No. 09/964,190	Filing Date September 26, 2001	Examiner Dakid E. Singh	Customer No. 23389	Group Art Unit 2633	Confirmation No. 1297
Invention: WAVELENGTH MODULATION FOR OPTICAL BASED SWITCHING AND ROUTING						
RECEIVED CENTRAL FAX CENTER FEB 11 2005						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	20 -	20 -	0	x \$50.00	\$0.00	
INDEP. CLAIMS	7 -	6 -	1	x \$200.00	\$200.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$200.00	
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0458/IBM in the amount of \$200.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
John S. Senay <i>Signature</i>						
Dated: February 11, 2005						
<p>John S. Senay Registration No. 28,757</p> <p>Scully, Scott, Murphy & Prener 400 Garden City Plaza - Suite 300 Garden City, New York 11330 (516) 742-4343</p> <p>cc: JSS:jv</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)].</p> <p>(Date)</p> <p><i>[Signature]</i> Signature of Person Mailing Correspondence</p> <p>Typed or Printed Name of Person Mailing Correspondence</p> </div>						

FEE PAID!